

# Exposure History Questions

Note: Please keep in mind that these are typical questions for each area. The lists are not exhaustive. The answers you receive to some questions may require that you probe further and in another area.

## **I**nvestigate exposures

Look at Material Safety Data Sheets

How long have you been exposed?

What type of personal protection do you wear?

What type of health problems do you have that could influence your risk?

## **P**resent work

Describe your typical workday.

Do you use any chemicals at work? Explain how you come in contact with the chemicals.

Do you wear any special equipment at work, for example, respirators, gloves, goggles or special clothing? How often do you wear it?

Have you had any recent changes in tasks or duties at work?

Do you think your health problems are related to work?

Is anyone at work or home complaining of the same or similar symptoms?

Do you notice any changes in your symptoms when you are at home or away from work?

Do you get tested regularly at work for anything like lead, radiation or pesticide exposure?

Do you eat or smoke at the job-site or in a designated area?

Do you wash your hands with or after using chemicals like solvents?

Do you change clothes at work before going home?

Do you have any seasonal or part-time jobs?

Do you do any volunteer work?

Does your job require shift work?

## **R**esidence

Does your drinking water come from a public water system or private well?

Have you recently remodeled your home?

What type of heating do you have in your home? Have you had your chimney inspected for leaks and to make sure it's functioning properly?

How do you store lawn and garden chemicals?

How old is your home?

Has it been tested for radon, lead or asbestos?

Have you received any advisories from the water company regarding your drinking water?

Have there been any floods or natural disasters in your area in the past year?  
Are there or have there been any hazardous waste sites or spills in the area?

## **E**nvironment

Are there any industries, factories, landfills, farms, or animal facilities located near your home or workplace?  
Are there any community concerns regarding these areas?  
Do you live in a rural or urban setting?  
Do you live near a highway or high traffic area?  
How often are there air advisories for your city?  
Where do children play?  
Are there any polluted waterways, streams where you live?

## **P**ast work

Have you ever been in the military?  
Have you ever worked on a farm?  
What types of companies have you worked for?  
What jobs have you held in the past?  
Have you done any volunteer, part-time or seasonal work?  
What were your daily work tasks?

## **A**ctivities

What hobbies do you and your family engage in?  
Do you burn, solder or melt any products inside your house?  
Do you garden?  
Do you swim, fish, or hunt?  
Do you eat the fish you catch?  
Do you engage in any alternative healing methods or cultural practices?

## **R**esources and referral

Knowing where to get information and where to send patients when dealing with suspected exposures is critical. Start with the Resources List provided in the participant materials.

## **E**ducate

Once an exposure is identified, provide easy to understand, accurate and culturally appropriate education to eliminate or reduce further adverse health effects.